

Veterans'

Summer 2003

HealthMatters

The Wellness Magazine from
the VA Sierra Pacific Network

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Highlights**

VA Budget

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Network

Highlights

Follow the Leader

The prestigious Institutes of Medicine (IOM) recently acknowledged VA for its excellence in health care and leadership to the industry. We are very proud of this accomplishment and designation.

The IOM monograph, *Excellence by Example*, cites VA for its preeminent role in patient safety, electronic medical records and performance management.

IOM notes VA's integrated health care information system "is considered one of the best in the nation." You may have noticed that most VA clinics and hospitals are "paperless" that is, most clinical notes, reports, laboratory tests and even X-rays are entered directly into a computer. Consequently, your medical record won't be "lost" and is readily available to your clinician at any time.

The IOM also applauds VA for its National Surgical Quality Improvement Program (NSQIP), which provides risk-adjusted information on surgical outcomes in VA medical centers. The VA medical center in San Francisco was recently recognized by NSQIP for having outstanding outcomes over

the past four years.

The VA Sierra Pacific Network is also adding to VA's reputation of excellence by continuing to develop and provide services to meet the special needs of veterans. In this edition of Network Highlights, you will read about innovations occurring at each facility.

Facilities are providing innovative and important services for veterans with dementia, hepatitis C and long-term care needs. We are also partnering with the Department of Defense and helping to build better communities.

Finally, I would also like to announce the opening of our newest hospital and clinics—VA Medical Center Sacramento. This state-of-the-art facility is located at Mather Field, adjacent to the former Air Force hospital. Although the medical center was activated in June, the formal dedication ceremony is scheduled for October 2003. We hope to see you then!

Robert L. Wiebe, M.D., M.B.A.
Director, VA Sierra Pacific Network

VA Palo Alto Health Care System (VAPAHCS): AHEAD II project

The Geriatric Research Education and Clinical Center's (GRECC) Geriatric Clinic and Home Based Primary Care (HBPC) have completed a project designed to improve better end-of-life care to patients with dementia, especially those in the home or community setting. AHEAD II, Advances in Home Based Primary Care for End of Life in Advancing Dementia, focuses on two goals:

- 1 Establish 100% documentation of Advance Directives of GRECC/HBPC patients identified with dementia within six months; and
- 2 Decrease caregiver burden by 50% during a six month time period.

Three members of the GRECC/HBPC team

attended a training session where they learned how to utilize the Plan-Do-Study-Act cycle to initiate and evaluate change quickly. Their current practice guideline is to address advance directives within the first two home or clinic visits and document any discussion related to this issue.

The members also utilized a measure similar to a 0-10 thermometer to rate caregiver burden. A team of GRECC/HBPC social workers conducted a caregiver's phone-in support group once a week for six weeks. While their findings showed that caregiver stress is not static, all caregivers who completed an evaluation questionnaire indicated that this intervention:

- 1 Allowed them to talk about their frustrations;

- 2 Helped them to learn how others cope and deal with their problems;
- 3 Helped them to learn about community resources;
- 4 Helped them to learn that other people share some of the same concerns or problems as they do; and
- 5 Helped decrease their feelings of stress and burden during the week.

As a result, two handout tools, Caregiver Resources and a Glossary of Terms, proved helpful in the team's ongoing support and education of caregivers of veterans with dementia. For more information, contact Betty Wexler RN, CNS, GRECC Geriatric Clinic at (650) 493-5000, ext. 64143.

Veterans' HealthMatters is intended to provide supplemental health information. Individuals should consult their primary care provider before pursuing any treatment alternatives. You may visit our web site at the following address: www.visn21.med.va.gov.

VA Northern California Health Care System (VANCHCS): High-tech PET imaging

Under a unique and collaborative sharing agreement with the Northern California PET Imaging Center, VANCHCS is proud to offer PET imaging for veterans at the Sacramento VA Medical Center. PET, or positron emission tomography, is a non-invasive imaging technology that images the biology of disease at the molecular level before anatomical changes may be visible on traditional tests that show structure like computerized tomography (CT) or magnetic resonance imaging (MRI). It can add new information to what may already be seen on a CT or MRI scan because it can determine whether the

abnormality seen on the other exam is metabolically active, which could indicate that a cancer is present. PET scans produce digital pictures that can, in many cases, identify cancer, damaged heart tissue, and brain disorders such as Alzheimer's, Parkinson's and epilepsy.

While traditional methods show the structure of organs, PET demonstrates the function of cells and tissue, allowing the physician to examine the heart, brain and other organs. This technology may reveal illnesses earlier than using conventional diagnostic procedures only, and it can help physicians diagnose disease faster.

VA Medical & Regional Office Center Honolulu (VAM&ROC): Pharmacy enhancement

A new computer enhancement aids patients using pharmacy services at the Spark M. Matsunaga VAM&ROC to have their prescriptions filled more quickly and accurately. The Pacific Telehealth & Technology Hui, a joint partnership between the VAM&ROC and Tripler Army Medical Center (TAMC), developed the computer program written for this project. The system allows TAMC physicians to enter prescriptions

in the Department of Defense's Composite Health Care System and then transmit them electronically to the VA's electronic medical records system. The enhanced pharmacy system eliminates potential errors due to unclear legibility and transcription mistakes, and allows the prescribing provider to enter the order in their native system without having to learn another computerized pharmacy order entry system.

VA Medical Center San Francisco (SFVAMC): Treatment for co-infected veterans

SFVAMC opened one of the first VA Co-Infection Clinics that provides care to patients who are co-infected with the Human Immunodeficiency Virus (HIV) and viral hepatitis (hepatitis B and C virus), and require special treatment because of the interactions of these potentially life-threatening viruses.

These interactions lead to accelerated liver disease and complications of chronic hepatitis B and C including liver failure and liver cancer. Underlying liver disease also complicates the HIV care since it is difficult to distinguish liver abnormalities caused by hepatitis from liver changes seen with the HIV drugs, many of which may harm the liver. This leads to premature discontinuations and switches in HIV therapy in those with hepatitis co-infection.

The Co-Infection Clinic is a joint venture of the Infectious Diseases and the Hepatitis C programs. The clinic offers care to patients and conducts research in these diseases. It also is an important educational forum for medical trainees.

VA Central California Health Care System (VACCHCS): Community service leader

Attracting and keeping the best employees in a competitive health care environment often means more than just a paycheck. Building a healthy community promotes self-esteem for both employees and volunteers and evokes a sense of pride.

Whether we are participating in a VA Jet Pull Team raising funds for United Way, trash busting two miles of adopted freeway, donating food in the Honcho Labor Exchange Program (HELP), walking for the Cancer Relay for Life, or hosting more than 35 VA sponsored activities, employees and volunteers share pride in knowing VACCHCS offers more than world class health care, it also offers time for the staff to provide valuable assistance to their community.

At VACCHCS, we know that helping to meet the needs of the community also means helping veterans, our neighbors and adding value to employee's lives. That feeling of pride in your employer and its mission is often the margin of difference contemplated by many new staff and keeping superb staff that can freely choose between area hospitals. We are proud to pursue clinical care teaching, research excellence and to be a community service leader.

VA Sierra Nevada Health Care System (VASNHCS): We're still on the move!

Construction and renovation continues improving access to key clinical areas at the Ioannis A. Lougaris VA Medical Center in Reno. The renovation of our 60-bed nursing home care unit is complete. The project included improvements such as new flooring, adding new bathroom fixtures, providing lighting fixtures over new beds, and a fresh coat of paint. In addition, the beds have pressure relief mattresses that provide added comfort and decrease the risk of pressure ulcers. There are televisions for every bed, a new nurse call system, 18 additional beds with piped in oxygen, and an additional nursing station. Upcoming projects include repaving and restriping our main parking lot, which will add

approximately 100 parking slots, moving medical and surgical clinics into the 3rd and 4th floors above our main primary care clinic, and starting renovations for physical therapy, occupational therapy and prosthetics programs, which will be located near the triage area.

The VA Sierra Foothills Outpatient Clinic in Auburn, California, and the VA Carson Valley Outpatient Clinic in Minden, Nevada, both continue to grow at a very brisk pace. The Carson Valley location will soon celebrate its second year anniversary. Both clinics provide primary care services and continue to expand mental health services.

VA Announces **Record Budget, Health Care Changes**

A record increase in the budget for Department of Veterans Affairs (VA) medical care, the annual decision required by law (PL 104-262) on health care enrollment and a new plan between VA and the Department of Health and Human Services (HHS) for a program that will allow eligible veterans to use their Medicare benefits for VA care was announced by Secretary of Veterans Affairs Anthony J. Principi in January.

The President's fiscal year (FY) 2004 Budget includes a total of \$63.6 billion for VA, \$30.2 billion in discretionary funding (mostly for health care) and \$33.4 billion for VA-administered entitlement programs (mostly disability compensation and pensions). The budget includes \$225 million in new construction funding for VA's Capital Asset Realignment for Enhanced Services initiative to ensure that VA can put services where veterans live.

In order to ensure VA has capacity to care for veterans for whom our Nation has the greatest obligation — military-related disabilities, lower-income veterans or those needing specialized care like veterans who are blind or have spinal cord injuries — Principi has suspended additional enrollments for veterans with the lowest statutory priority. This category includes veterans who are not being compensated for a military-related disability and who have higher incomes.

The suspension of enrollment affects only veterans in Priority Group 8, the lowest group in VA's eight-level system for setting health care priorities, who were not enrolled in VA's health care system as of January 17. Priority Group 8 veterans already enrolled will be "grandfathered" and allowed to continue in VA's health care system.

Work is underway with HHS to determine how to give Priority Group 8 veterans, aged 65 or older, access to the "VA+Choice Medicare" plan. The plan calls for VA to participate as a Medicare+Choice provider. Eligible veterans would be able to use their Medicare benefits to obtain care from VA.

In return, VA would receive payments from a

private health plan contracting with Medicare that would cover costs. The "VA+Choice Medicare" plan would become effective later this year as details are finalized between VA and HHS.

VA has been unable to provide all enrolled veterans with timely access to health care services because of the tremendous growth in the number of veterans seeking VA health care. More than half of all new enrollees have been in Priority Group 8.

Between October 2001 and September 2002, VA enrolled 830,000 additional veterans. Since 1996, VA enrollment has increased from 2.9 million to 6.8 million today. Even with the suspension of new enrollments for Priority Group 8 veterans, another 380,000 veterans in Priority Groups 1 through 7 are projected to enroll by the end of FY 2003.

Congress mandated in 1996 that VA establish an enrollment system to manage hospital and outpatient care within budgetary limits and to provide quality care to those enrolled. By law, the VA Secretary must decide annually whether to maintain enrollment for all veterans.

Enrollment Priority 1

Veterans with service-connected disabilities rated 50% or more disabling

Enrollment Priority 2

Veterans with service-connected disabilities rated 30% or 40% disabling

Enrollment Priority 3

Veterans who are former POWs

Veterans awarded the Purple Heart

Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty

Veterans with service-connected disabilities rated 10% or 20% disabling

Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"

Enrollment Priority 4

Veterans who are receiving aid and attendance or housebound benefits

Veterans who have been determined by VA to be catastrophically disabled

Enrollment Priority 5

Nonservice-connected veterans and noncompensable service-connected veterans rated 0% disabled whose annual income and net worth are below the established VA Means Test thresholds

Veterans receiving VA pension benefits

Veterans eligible for Medicaid benefits

Enrollment Priority 6

World War I veterans

Mexican Border War veterans

For more information, you may contact an Enrollment Coordinator at the following facilities:

VA Central California Health Care System
559-228-5367

VA Medical & Regional Center Honolulu
808-433-0600

VA Northern California Health Care System
1-800-382-8387, Option 2

VA Palo Alto Health Care System
(650) 493-5000
ext. 65804

VA Medical Center San Francisco
1-877-487-2838
(1-877-4-USA-VET)

VA Sierra Nevada Health Care System
775-328-1293

If you wish to receive e-mail from VA with the latest news releases and updated fact sheets, you can subscribe at the following Internet address: http://www.va.gov/opa/pressrel/opalist_listserv.cfm.



VA To Grant Benefits To More Vietnam Veterans

Based upon a recently released review of scientific studies, Secretary of Veterans Affairs Anthony J. Principi has decided to extend benefits to Vietnam veterans with chronic lymphocytic leukemia (CLL).

The ruling means that veterans with CLL who served in Vietnam during the Vietnam War don't have to prove that illness is related to their military service to qualify for VA disability compensation. Additionally, for more than 20 years, VA has offered special access to medical care to Vietnam veterans with any health problems that may have resulted from Agent Orange exposure, and this decision will ensure higher-priority access to care in the future.

The decision to provide compensation was based upon a report by the Institute of Medicine (IOM) that found among scientific studies "sufficient evidence of

an association" between exposure to herbicides during the Vietnam War and CLL.

The IOM review, conducted at VA's request, was the latest in a series spanning the period since 1993 when the independent, non-governmental agency first published a report for VA that examined thousands of relevant scientific studies on the health effects of various substances to which American servicemembers may have been exposed in Vietnam.

VA requested the IOM panel of experts to focus on CLL in their report because of veterans' concerns that CLL shares some similarities with non-Hodgkin's lymphoma, which the IOM had previously connected to Agent Orange exposure.

Principi ordered the development of regulations to enable VA to begin paying compensation benefits once a final rule

takes effect. Publication of that regulation is expected in the near future. VA will publish further details, when available, on its Web site at <http://www.vba.va.gov/bln/21/benefits/herbicide/>.

Veterans with questions about health care, compensation and survivor benefits may call a toll-free help line at **1-800-749-8387** for information. VA also encourages Vietnam veterans who have not done so to request a subscription to Agent Orange Review, VA's free newsletter that will keep them abreast of developments on this issue and other policies and scientific findings in the future.

Newsletter subscription information is available from the help line number above. Back issues and additional information about Agent Orange are available at <http://www.va.gov/agentorange>.

Veterans solely seeking care for disorders associated with:

exposure to herbicides while serving in Vietnam; or

exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; or

for disorders associated with service in the Gulf War;

for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998; or

Compensable 0% service-connected veterans

Enrollment Priority 7

Veterans who agree to pay specified copayments with income and/or net

worth above the VA Means Test threshold and income below the HUD geographic index

Subpriority a: Noncompensable 0% service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date

Subpriority c: Nonservice-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date

Subpriority e: Noncompensable 0% service-connected veterans not included in Subpriority a above

Subpriority g: Nonservice-connected veterans not included in Subpriority c above

Enrollment Priority 8

Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index

Subpriority a: Noncompensable 0% service-connected veterans enrolled as of January 17, 2003 and who have remained enrolled since that date

Subpriority c: Nonservice-connected veterans enrolled as of January 17, 2003 and who have remained enrolled since that date

Subpriority e: Noncompensable 0% service-connected veterans applying for enrollment after January 17, 2003

Subpriority g: Nonservice-connected veterans applying for enrollment after January 17, 2003



Outdoor SAFETY

If spring fever hits you, don't let it send you to the hospital with an injury. In the U.S. approximately 78,000 people made hospital visits last year due to lawn mower mishaps and more than 20,000 injuries occurred with other powered lawn/garden equipment.

In the excitement of planting, pruning, mulching and mowing, don't overlook the need to practice the following safe yard and garden techniques.

- ☀ Do some stretching exercises before starting yard/garden work. They may save pulled muscles and a sore back. Be careful when lifting heavy loads.
- ☀ Use a good sunscreen and wear a hat when working outdoors.
- ☀ Use protective gear such as gloves, ear protection and eye protection. Wear long pants when using weed whackers or mowing lawns. Twigs and small pebbles can be propelled like bullets into your legs or eyes.
- ☀ Safe footwear is important. Make sure your shoes provide good traction to reduce slipping and have sturdy soles to resist punctures. Never work barefoot or in sandals, canvas shoes, etc.
- ☀ Do not use electrical tools in wet conditions.

Whatever your lawn or garden projects may be, they'll be a lot more pleasant if you approach them with safety in mind.

Foot Health and Aging

Mobility is a vital ingredient of the independence that is cherished by our aging population, and foot ailments make it difficult or impossible for them to work or to participate in social activities. An average day of walking brings a force equal to several hundred tons to bear on the feet. This explains why your feet are more subject to injury than any other part of your body. As if foot problems weren't enough of a nuisance, they can also lead to knee, hip, and lower back pain.

Mirror of Health

The human foot has been called the mirror of health. Foot doctors, or doctors of podiatric medicine are often the first doctors to see signs of diabetes, arthritis and circulatory disease in the foot. Among these signs are dry skin, brittle nails, burning and tingling sensations, feelings of cold, numbness and discoloration.

Foot Problems Can Be Prevented

There are more than 300 different foot ailments. Some can be traced to heredity, but for an aging population, most of these ailments stem from the years of neglect or abuse. As persons age, their feet tend to spread, and lose the fatty pads that cushion the bottom of the feet. Additional weight can affect the bone and ligament structure. Older people, consequently, should have their feet measured for shoe sizes more frequently.

It's a fact that women, young and old, have

four times as many foot problems as men, and high heels are often the culprits.

Preventive foot health has many benefits – increase comfort, limit the possibility of additional medical problems, reduce the chances of hospitalizations because of infection, and lessen requirements for nursing home care.

Athlete's Foot is a skin disease caused by a fungus. The signs are dry scaly skin, itching, inflammation, and blisters.

Blisters are caused by skin friction. Apply a moleskin or an adhesive bandage over a blister, and leave it on until it falls off naturally.

Bunions are misaligned big toe joints, which can become swollen and tender. Bunions can be aggravated by shoes that are too narrow in the forefoot and toe.

Corns and calluses are protective layers of compacted, dead skin cells. They are caused by repeated friction and pressure from skin rubbing against bony areas or against an irregularity in a shoe. The friction and pressure can burn or be painful and may be relieved by moleskin or padding on the affected areas.

Foot odor results from excessive perspiration from more than 250,000 sweat glands in the foot. Daily hygiene is essential. Change your shoes daily, and change your socks more frequently. Foot powders and antiperspirants, and soaking in vinegar and water, can help lessen the odor.

Hammertoe is a condition in which any of the toes are bent in a claw-like position. Avoid pressure on the toes as much as possible.

Heel pain can generally be traced to

faulty biomechanics, which places too much stress on the heel bone, ligaments, or nerves in the area. Being overweight is a major contributing factor, but conditions such as arthritis, gout, and circulatory problems can also cause pain.

Heel spurs are growths of bone on the underside of the heel bone. They can occur without pain; pain may result when inflammation develops at the point where the spur forms. Both heel pain and heel spurs are often associated with plantar fasciitis, an inflammation of the long band of connective tissue running from the heel to the ball of the foot.

Ingrown nails are nails whose corners or sides dig painfully into the skin, often causing infection. They are frequently caused by improper nail trimming, but also by shoe pressure, injury, fungus infection, heredity, and poor foot structure.

Neuromas are enlarged, benign growths of nerves, most commonly between the third and fourth toes. They are caused by bones and other tissue rubbing against and irritating the nerves. Abnormal bone structure or pressure from ill-fitting shoes also can create the condition, which can result in pain, burning, tingling, or numbness between the toes and in the ball of the foot.

Warts are caused by a virus, which enters the skin through small cuts and infects the skin. Most warts are harmless and benign. Warts often come from walking barefooted on dirty surfaces or littered ground.

FootHealth tips

- Properly fitted shoes are essential.
- A shoe with a firm sole and soft upper is best for daily activities.
- Shop for shoes in the afternoon; feet tend to swell during the day.
- Walking is the best exercise for your feet.
- Pantyhose or stockings should be of the correct size and preferably free of seams.
- Never cut corns and calluses with a razor, pocketknife, or other such instrument; use over-the-counter foot products only with the advice of a podiatrist.
- Bathe your feet daily in lukewarm (not hot) water, using a mild soap, preferably one containing moisturizers, or use a moisturizer separately. Test the water temperature with your hand.
- Trim or file your toenails straight across.
- Inspect your feet every day or have someone do this for you. If you notice any redness, swelling, cracks in the skin, or sores, consult your podiatrist.
- Have your feet examined by a podiatrist at least twice a year.

VA MEDICAL CENTER SAN FRANCISCO

4150 Clement Street
San Francisco, CA 94121-1598
(415) 221-4810

VA EUREKA OPC

714 F Street
Eureka, CA 95501
(707) 442-5335

VA SANTA ROSA OPC

3315 Chanate Road
Santa Rosa, CA 95404
(707) 570-3855

VA 13TH & MISSION CLINIC

205 13th Street, Suite 2150
San Francisco, CA 94103
(415) 551-7300

VA UKIAH OPC

238B Hospital Drive
Ukiah, CA 95482
(707) 468-1870

VA PALO ALTO HEALTH CARE SYSTEM

3801 Miranda Avenue
Palo Alto, CA 94304-1290
(650) 493-5000

VA MENLO PARK DIVISION

795 Willow Road
Menlo Park, CA 94025
(650) 493-5000

VA LIVERMORE DIVISION

4951 Arroyo Road
Livermore, CA 94550
(650) 493-5000

VA CAPITOLA OPC

1350 N. 41st Street, Suite 102
Capitola, CA 95010
(831) 464-5519

VA STOCKTON OPC

500 W. Hospital Road
Stockton, CA 95231
(209) 946-3400

VA MODESTO OPC

1524 McHenry Blvd., Suite 315
Modesto, CA 95350
(209) 557-6200

VA MONTEREY OPC

3401 Engineer Lane
Seaside, CA 93955
(831) 883-3800

VA SAN JOSE OPC

80 Great Oaks Boulevard
San Jose, CA 95119
(408) 363-3011

VA SONORA OPC

19747 Gremley Road
Sonora, CA 95370
(209) 588-2600

VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM

VA MARTINEZ OPC

150 Muir Road
Martinez, CA 94553
(925) 372-2000

VA MEDICAL CENTER SACRAMENTO

10535 Hospital Way
Mather, CA 95655-1200
(916) 366-5366

VA REDDING OPC

351 Hartnell Avenue
Redding, CA 96002
(530) 226-7555

VA CHICO OPC

280 Cohasset Road
Chico, CA 95926
(530) 879-5000

VA SACRAMENTO OPC

5342 Dudley Boulevard
McClellan Park, CA 95652-1074
(916) 561-7400

VA MARE ISLAND OPC

201 Walnut Avenue
Mare Island, CA 94592
(707) 562-8200

OAKLAND MENTAL HEALTH PROGRAM

Oakland Army Base
2505 West 14th Street
Oakland, CA 94607
(510) 587-3400

VA OAKLAND OPC

2221 Martin Luther King Jr. Way
Oakland, CA 94612
(510) 267-7820

VA FAIRFIELD OPC

103 Bodin Circle
Travis AFB, CA 94535
(707) 437-1800

VA CENTRAL CALIFORNIA HEALTH CARE SYSTEM

2615 E. Clinton Avenue
Fresno, CA 93703-2286
(559) 225-6100

VA SOUTH VALLEY OPC

1050 North Cherry Street
Tulare, CA 93274
(559) 684-8703

VA CASTLE OPC

3605 Hospital Road, Suite D
Atwater, CA 95301-5140
(209) 381-0105

VA SIERRA NEVADA HEALTH CARE SYSTEM

1000 Locust Street
Reno, NV 89502-2597
(775) 786-7200

VA SIERRA FOOTHILLS OPC

3123 Professional Drive, Suite 250
Auburn, CA 95603
(530) 889-0872

VA CARSON VALLEY OPC

925 Ironwood Drive
Minden, NV 89423
(888) 838-6256

VA PACIFIC ISLANDS HEALTH CARE SYSTEM

459 Patterson Road
Honolulu, HI 96819
(808) 433-1000



VA HILO PTSD RESIDENTIAL REHABILITATION PROGRAM

891 Ululani Street
Hilo, HI 96720
(808) 969-1684

VA MAUI OPC

203 Ho'ohana Street, Suite 300
Kahului, HI 96732
(808) 871-2454

VA HILO OPC

1285 Waiuanuenue Avenue, Suite 211
Hilo, HI 96720
(808) 935-3781

VA KONA OPC

75-5995 Kuakini Highway, Suite 413
Kailua-Kona, HI 96740
(808) 329-0774

VA KAUAI OPC

3367 Kuhio Highway, Suite 102
Lihue, HI 96766
(808) 246-0497

VA GUAM CLINIC

US Naval Hospital
313 Farenholt Road
Agana Heights, GU 96919
(671) 472-7250

VA REGIONAL OFFICE & OUTPATIENT CENTER MANILA

United States Department of
Veterans Affairs
PSC 501
FPO AP, 96515-1100
(011) 632-523-1001

Veterans' HealthMatters

Diana L. Struski, Editor
VA Sierra Pacific Network
201 Walnut Avenue
Mare Island, CA 94592

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